DC 10 30 00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WM	7097	10/2
O.I.P.E. CLASSIFIER	PA		10/7
FORMALITY REVIEW	UM	869	10-27-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
– (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date			Claim Final	Original	Date			Claim Final	Original	Date
	1	✓	✓			51					101	
	2	✓	✓			52					102	
	3	✓	✓			53					103	
	4	✓	✓			54					104	
	5	✓	✓			55					105	
	6	✓	✓			56					106	
	7	✓	✓			57					107	
	8	✓	✓			58					108	
	9	✓	✓			59					109	
	10	✓	✓			60					110	
	11	✓	✓			61					111	
	12	✓	✓			62					112	
	13	✓	✓			63					113	
	14	✓	✓			64					114	
	15	✓	✓			65					115	
	16	✓	✓			66					116	
	17	✓	✓			67					117	
	18	✓	✓			68					118	
	19	✓	✓			69					119	
	20	✓	✓			70					120	
	21	✓	✓			71					121	
	22	✓	✓			72					122	
	23	✓	✓			73					123	
	24					74					124	
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	27					77					127	
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	46					96					146	
	47					97					147	
	48					98					148	
	49					99					149	
	50					100					150	

If more than 150 claims or 10 actions
staple additional sheet here

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